

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 C.F.R. 1.63) COMBINED WITH POWER OF ATTORNEY	Attorney Docket No.	9047MQ
	First Named Inventor	Frank Rehders, et al.
	COMPLETE IF KNOWN	
	Application Number	
	Filing Date	October 1, 2003
	Group Art Unit	
	Examiner Name	
	Confirmation Number	

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled Strengthened Tissue Paper Products Comprising Low Levels of Xylan

the specification of which
(check one) ☒ is attached hereto.
☐ was filed on _____ (MM/DD/YYYY) as United States
Application No. or PCT International Application Serial No. _____
and was amended on _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed:

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

I hereby appoint Practitioners at Customer Number 27752 as my/our attorneys(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Direct all correspondence to Customer Number 27752.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:			
Given Name Frank (NMN) (first and middle [if any])	Family Name Rehders Or Surname		
Inventor's Signature <i>Frank Rehders</i>	Date	1-10-03	
Residence: City Münden	State	Country Germany	Citizenship German
Mailing Address: Eberescherring 16, 34346 Hann			
City Münden	State	Zip (or Postal Code)	Country Germany

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

(continued)

Attorney Docket No. 9047MQ**NAME OF SECOND INVENTOR:**Given Name Jeffrey Glen
(first and middle [if any])Family Name Sheehan
Or Surname

Date

Inventor's Signature

Residence: City Cincinnati State Ohio Country US Citizenship US

Mailing Address: 12055 Crestfield Court

City Cincinnati State Ohio Zip (or Postal Code) 45249 Country US

NAME OF THIRD INVENTOR:Given Name
(first and middle [if any])Family Name
Or Surname

Date

Inventor's Signature

Residence: City State Country Citizenship

Mailing Address:

City State Zip (or Postal Code) Country

NAME OF FOURTH INVENTOR:Given Name
(first and middle [if any])Family Name
Or Surname

Date

Inventor's Signature

Residence: City State Country Citizenship

Mailing Address:

City State Zip (or Postal Code) Country

NAME OF FIFTH INVENTOR:Given Name
(first and middle [if any])Family Name
Or Surname

Date

Inventor's Signature

Residence: City State Country Citizenship

Mailing Address:

City State Zip (or Postal Code) Country

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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed
			<input type="checkbox"/>
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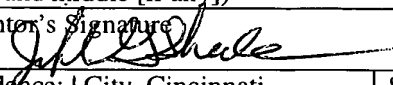
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:	
Given Name Frank (NMN) (first and middle [if any])	Family Name Rehders Or Surname
Inventor's Signature	Date
Residence: City Münden	State
Country Germany	
Citizenship German	
Mailing Address: Ebereschering 16, 34346 Hann	
City Münden	State
Zip (or Postal Code)	
Country Germany	

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

(continued)

Attorney Docket No. 9047MQ

NAME OF SECOND INVENTOR:			
Given Name Jeffrey Glen (first and middle [if any])		Family Name Sheehan Or Surname	
Inventor's Signature 		Date 9/30/03	
Residence: City Cincinnati	State Ohio	Country US	Citizenship US
Mailing Address: 12055 Crestfield Court			
City Cincinnati	State Ohio	Zip (or Postal Code) 45249	Country US

NAME OF THIRD INVENTOR:			
Given Name (first and middle [if any])		Family Name Or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address:			
City	State	Zip (or Postal Code)	Country

NAME OF FOURTH INVENTOR:			
Given Name (first and middle [if any])		Family Name Or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address:			
City	State	Zip (or Postal Code)	Country

NAME OF FIFTH INVENTOR:			
Given Name (first and middle [if any])		Family Name Or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address:			
City	State	Zip (or Postal Code)	Country